

CITY OF BROKEN ARROW
BROKEN ARROW POLICE DEPARTMENT
2302 S. 1st Place
Broken Arrow, OK 74012
918-259-8400

GUIDE FOR THE FIRST RESPONDER PERMIT

1. Obtain a permit application from the Broken Finance Department at City Hall. Permit applications may also be down loaded from the City's Website: www.brokenarrowok.gov.
2. Return the application and fee to the city. Permit window sticker with your permit number will be provided. Please place the sticker in window or door close to the entrance of your property.
3. In the event of a false alarm, you will be issued a notification letter or copy will be left at your property.

SUSPENSION OF THE FIRST RESPONDER PERMIT

1. Suspension will occur after Police have responded to three false alarms within a calendar year.
2. Suspension notification letters will be sent to the permit holder.
3. A suspension is not permanent and the permit can be reissued after the property owner has taken the appropriate steps in the appeal process.
4. A revocation will be for one calendar year unless the property owner has a different system installed, changes alarm companies or other documentation of extensive maintenance work.

Research has shown user error, poorly maintained systems, and improper equipment are the causes of the majority of false alarms. Properly installed and maintained systems will not provide false alarms in the event of inclement weather. Because of these factors, inclement weather that does not result in property damage cannot be a mitigating factor of a false alarm.

For additional information on false alarms, please contact your alarm company. Additional information is also available from:

The National Burglar & Fire Alarm Association
8300 Colesville Road, #750
Silver Springs, MD 20910
(301) 585-1855
www.alarm.org

**CITY OF BROKEN ARROW, OKLAHOMA
FIRST RESPONDER PERMIT APPLICATION**

Return to; City of Broken Arrow Finance Department
200 S. 1st Street
Broken Arrow, OK 74012

Residence/Business Name _____
Address of alarmed property _____
Billing Name if Different _____ Phone # _____
Billing Address _____ Other Phone # _____
Billing City _____ State _____ Zip _____

ALARM COMPANY

OK STATE ALARM LICENCE # _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Please List Alarm Monitoring Company if different form Alarm Company

OK STATE ALARM LICENCE # _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON FOR ALARM ACTIVATION

#1) NAME _____ PHONE _____

ADDRESS _____ OTHER PHONE _____

#2) NAME _____ PHONE _____

ADDRESS _____ OTHER PHONE _____

#3) NAME _____ PHONE _____

ADDRESS _____ OTHER PHONE _____

*Permit Fee is due upon receipt.

*Fee is \$24.00 for each permit issued.

*Permits are effective for one calendar year, October 1 through September 30.

Authorized Signature of Applicant

OFFICE OF FINANCE USE ONLY

RECIPT NUMBER _____

AMOUNT RECEIVED _____

PERMIT NUMBER _____

DATE ISSUED _____

CITY OF BROKEN ARROW

ALARM INSTALLER FALSE ALARM PREVENTION PROGRAM

To help insure the quality of installation of your alarm system, please have your alarm company representative complete the following checklist:

1. If a duress feature was installed, I thoroughly explained it and I did not use "1+" keypad coding.
2. I confirmed the control panel has been programmed within the following guidelines
 - a. It will not transmit more than ____ alarm signals from the same zone until manually restored at the premises
 - b. It will delay at least 20 seconds before indicating an intrusion or trip
 - c. It has adequate delay time on entry/exit doors
 - d. A cancel code can be entered by the customer to cancel accidental alarms
3. Medical, Police and Fire panic buttons cause an audible signal to sound.
4. I verified the keypad(s) make sufficient sound to inform occupants when an entry/exit door has been triggered
5. I installed and tested stand by/back up power.
6. I reviewed the "ALARM OPERATOR CHECKLIST" with the property owner.
7. I determined if the alarm operator has special phone features such as call waiting and took appropriate steps to ensure proper control panel dialing and monitoring center verification.
8. The control panel is properly grounded.
9. All door and window contacts were properly selected, installed and tested. I considered the installed equipment meets the physical requirements of the doors and windows. I followed the manufacturer's installation instructions.
10. All glass breakage sensors were properly selected, installed and tested. I gave consideration to pets, sunlight, heat sources, and harsh environments. I followed the manufacturer's installation instructions.
11. All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight, heat sources and harsh environments. I followed the manufacturer's installation instructions.
12. Sensor wiring is of good quality a sufficient specification not to cause the alarm system to report a false alarm.

If any of the above steps were not accomplished, please explain (attach additional sheets if necessary):

_____/_____
Signature of Technician/ Oklahoma Technician License #

Company NAME _____

Company Address _____

Contact Phone Number _____

Date of system inspection _____



CITY OF BROKEN ARROW

ALARM INSTALLER FALSE ALARM PREVENTION PROGRAM

To help insure the quality of installation of your alarm system, please have your alarm company representative complete the following checklist:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. If a duress feature was installed, I thoroughly explained it and I did not use "1+" keypad coding.
<input type="checkbox"/>	<input type="checkbox"/>	2. I confirmed the control panel has been programmed within the following guidelines:
<input type="checkbox"/>	<input type="checkbox"/>	a. It will not transmit more than _____ alarm signals from the same zone until manually restored at the premises. (recommended no more than two)
<input type="checkbox"/>	<input type="checkbox"/>	b. It will delay at least 20 seconds before indicating an intrusion or trip.
<input type="checkbox"/>	<input type="checkbox"/>	c. It has adequate delay time on entry / exit doors. (a delay of 45 seconds or more is recommended)
<input type="checkbox"/>	<input type="checkbox"/>	d. A cancel code can be entered by the customer to cancel accidental alarms.
<input type="checkbox"/>	<input type="checkbox"/>	3. I verified that police and fire panic buttons cause a siren or speaker to sound and that medical panic buttons cause an audible signal.
<input type="checkbox"/>	<input type="checkbox"/>	4. I verified the keypad(s) make a sufficient sound to inform occupants when an entry / exit door sensor has been triggered.
<input type="checkbox"/>	<input type="checkbox"/>	5. I installed and tested standby/backup power.
<input type="checkbox"/>	<input type="checkbox"/>	6. I reviewed the "Alarm Customer False Alarm Prevention Checklist" with the customer.
<input type="checkbox"/>	<input type="checkbox"/>	7. I determined whether the customer has special telephone features, such as call waiting, and took appropriate steps to allow proper control panel dialing and monitoring center verification.
<input type="checkbox"/>	<input type="checkbox"/>	8. I made sure the control panel was properly grounded.
<input type="checkbox"/>	<input type="checkbox"/>	9. I made sure that all doors and window contacts were properly selected, installed and tested. I considered that the installation equipment meets the physical requirements of the doors and windows. I followed the manufacturer's installation instructions.
<input type="checkbox"/>	<input type="checkbox"/>	10. I made sure all glass breakage sensors were properly selected, installed and tested. I gave consideration to pets, on site noises and the general environment. I followed the manufacturer's installation instructions.
<input type="checkbox"/>	<input type="checkbox"/>	11. All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight, heat sources and harsh environments. I followed the manufacturer's installation instructions.
<input type="checkbox"/>	<input type="checkbox"/>	12. The sensor wiring is of good quality, a specific specification, so as not to cause the alarm system to report a false alarm.

If any of the above steps were not accomplished, please explain (attach additional pages if necessary):

_____/_____
Signature of Technician / Oklahoma Technician License #

Printed Name of Technician

Company Name: _____

Company Address: _____

Contact Phone Number: _____

Date of system inspection: _____



City of Broken Arrow Alarm Customer False Alarm Prevention Checklist

I certify the following conditions of alarm system operation and maintenance have been explained to me and are understood.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. I have been educated in the proper operation of the system.
<input type="checkbox"/>	<input type="checkbox"/>	2. I have been given a summary operation sheet and/or an owner's manual.
<input type="checkbox"/>	<input type="checkbox"/>	3. I know how to cancel an accidental alarm activation.
<input type="checkbox"/>	<input type="checkbox"/>	4. All system operators on my property know how to cancel an accidental alarm activation.
<input type="checkbox"/>	<input type="checkbox"/>	5. I have the cancellation code.
<input type="checkbox"/>	<input type="checkbox"/>	6. I know how to turn off the motion detectors while leaving other sensors on.
<input type="checkbox"/>	<input type="checkbox"/>	7. I know how to test the system including the communication link with the monitoring center.
<input type="checkbox"/>	<input type="checkbox"/>	8. I understand the delay time on designated entry/exit doors and I believe this will provide sufficient time to get in and out of the premises. My entry time is _____. My exit time is _____.
<input type="checkbox"/>	<input type="checkbox"/>	9. I have the alarm company's phone number to request repair services or to ask questions about the alarm system.
<input type="checkbox"/>	<input type="checkbox"/>	10. I have been offered the option of a training / no dispatch period.
<input type="checkbox"/>	<input type="checkbox"/>	11. I understand that indoor pets can cause false alarms and I will contact my alarm company to adjust the system, if I acquire any additional indoor pets.
<input type="checkbox"/>	<input type="checkbox"/>	12. I know where the main control panel and transformer is located.
<input type="checkbox"/>	<input type="checkbox"/>	13. I understand the importance of keeping my emergency contact information updated and I know how to do this.
<input type="checkbox"/>	<input type="checkbox"/>	14. I understand the importance of immediately advising the alarm company of any changes to my phone system such as addition of a fax machine, call waiting or phone number change including area code.
<input type="checkbox"/>	<input type="checkbox"/>	15. I have been made aware of the requirements of the Broken Arrow False Alarm Ordinance that governs the operation of my system and I will comply with applicable requirements. (permits, fees, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	16. I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.
<input type="checkbox"/>	<input type="checkbox"/>	17. The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.
<input type="checkbox"/>	<input type="checkbox"/>	18. I understand it is my responsibility to prevent false alarms and I understand it is critical and my responsibility to assure that all users of the system (such as residents, employees, guests, cleaning people and repair people) are trained on the proper use of the system.

Please explain if any steps could not be completed. (use addition sheets if necessary)

Alarm Company

Customer

Print Name(s)

By: _____

Signature(s)

Date